## AP20 REC'UPETIFTO 02 MAY 2006

FORM PTO 1390 (REV 5-93)

US DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. §371

ATTORNEY DOCKET NUMBER 2006\_0655A

International Application No. PCT/EP2004/052827

International Filing Date November 5, 2004 Priority Date Claimed November 7, 2003

Title of Invention

ADHESIVE COMPOSITION

Applicant(s) For DO/EO/US

Tibor PERNECKER, Augustin CHEN, Jong-Shing GUO

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- 1. [X] This is a FIRST submission of items concerning a filing under 35 U.S.C. §371.
- 2. [] This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. §371.
- 3. [X] This express request to begin national examination procedures (35 U.S.C. §371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. §371(b) and PCT Articles 22 and 39(1).
- 4. [] A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
- 5. [X] A copy of the International Application as filed (35 U.S.C. §371(c)(2))
  - a. [] is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. [X] has been transmitted by the International Bureau.
  - c. [] is not required, as the application was filed in the United States Receiving Office (RO/US)
- 6. [] A translation of the International Application into English (35 U.S.C. §371(c)(2)).
- 7. [] Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. §371(c)(3)).
  - a. [] are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. [] have been transmitted by the International Bureau.
  - c. [] have not been made; however, the time limit for making such amendments has NOT expired.
  - d. [] have not been made and will not be made.
- 8. [] A translation of the amendments to the claims under PCT Article 19.
- 9. [X] An executed oath or declaration of the inventor(s) (35 U.S.C. §371(c)(4)). ATTACHMENT A
- 10. [] A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. §371(c)(5)).

## Items 11. to 14. below concern other document(s) or information included:

- 11. [X] An Information Disclosure Statement under 37 CFR 1.97 and 1.98. ATTACHMENT B
- 12. [X] An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.

## ATTACHMENT C

- 13. [] A FIRST preliminary amendment.
  - [] A SECOND or SUBSEQUENT preliminary amendment.
- 14. [X] Other items or information:
  - a. International Search Report ATTACHMENT D
  - b. Cover Page of Published International Application WO 2005/044880 A1 ATTACHMENT E

## IAP20 HOCCIPCINFIU OZ MAY ZOUO

| U.S. APPLICATION NO. 07 Located 1627 J CFR 15) 7 07 INTERNATIONAL APPLICATION NO. PCT/EP2004/052827                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |        |         | ATTORNEY'S DOCKET NO.<br>2006_0655A |                       |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|---------|-------------------------------------|-----------------------|--------------|
| 15. [X] The following fees are submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |         |                                     | CALCULATIONS          | PTO USE ONLY |
| Basic National Stage Fee \$300.00 National Stage Search Fee \$400.00 National Stage Examination Fee \$200.00 Specification/drawings in excess of 100 pages (units of 50 x \$250.00) = \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |         |                                     |                       |              |
| ENTER APPROPRIATE BASIC FEE AMOUNT =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |        |         |                                     | \$900.00              |              |
| Surcharge of \$130.00 for furnishing the oath or declaration later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |        |         |                                     | \$                    |              |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number Filed | Number | Extra   | Rate                                |                       |              |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6 -20 =      | 0      |         | X \$50.00                           | \$                    |              |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 - 3 =      | 0      |         | X \$200.00                          | \$                    |              |
| Multiple dependent claim(s) (if applicable) + \$360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |        |         |                                     | \$                    |              |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |        |         |                                     | \$900.00              |              |
| [] Small Entity Status is hereby asserted. Above fees are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |        |         |                                     | \$                    |              |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |        |         |                                     | \$900.00              |              |
| Processing fee of \$130.00 for furnishing the English translation later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |        |         |                                     | \$                    |              |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |        |         |                                     | \$900.00              |              |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |        |         |                                     | \$40.00               |              |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |        |         |                                     | \$940.00              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |        |         |                                     | Amount to be refunded | s            |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |        | <u></u> |                                     | Amount to be charged  | s            |
| a. [X] A check in the amount of \$940.00 to cover the above fees is enclosed. A duplicate copy of this form is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |         |                                     |                       |              |
| b. [] Please charge my Deposit Account No. 23-0975 in the amount of \$ to cover the above fees.  A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |        |         |                                     |                       |              |
| c. [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-0975.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |        |         |                                     |                       |              |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |        |         |                                     |                       |              |
| 9. CORRESPONDENCE ADDRESS  [HE COMMISSIONER IS AUTHORIZE]  TO CHARGE ANY DESICIENCY IN THE PROPERTY OF A STATE |              |        |         |                                     |                       |              |

FEES FOR THIS PAPER TO DEPOSIT CUSTOMER NO. 23-0975

Registration No. 25,154

WENDEROTH, LIND & PONACK, L.L.P. 2033 "K" Street, N.W., Suite 800 Washington, D.C. 20006-1021 Phone:(202) 721-8200 Fax:(202) 721-8250

May 2, 2006

ICHECK NO. 7387

[2006\_0655A]